

Medical Licensure: Today and Tomorrow

Presentation to the
Health Care Practice Taskforce Conference
February 21, 2007

The Role of State Medical Boards

- Authority rests with the State (Dent v. West Virginia, 1881)
- Mandate: protect the public through the regulation of medical practice
- Authority: Medical Practice Act
 - Licensure
 - Assure physicians are competent and qualified to render health care services safely to the public
 - Evaluate education, training, examination, and character
 - Discipline
 - Authorized to sanction licensees who fail to maintain professional misconduct
 - License revocation, restriction, remediation etc.
 - Alternative discipline (i.e. physician assistance programs)
 - Establish and promulgate standards for medical practice
 - Outreach/Education (licensees/consumers)

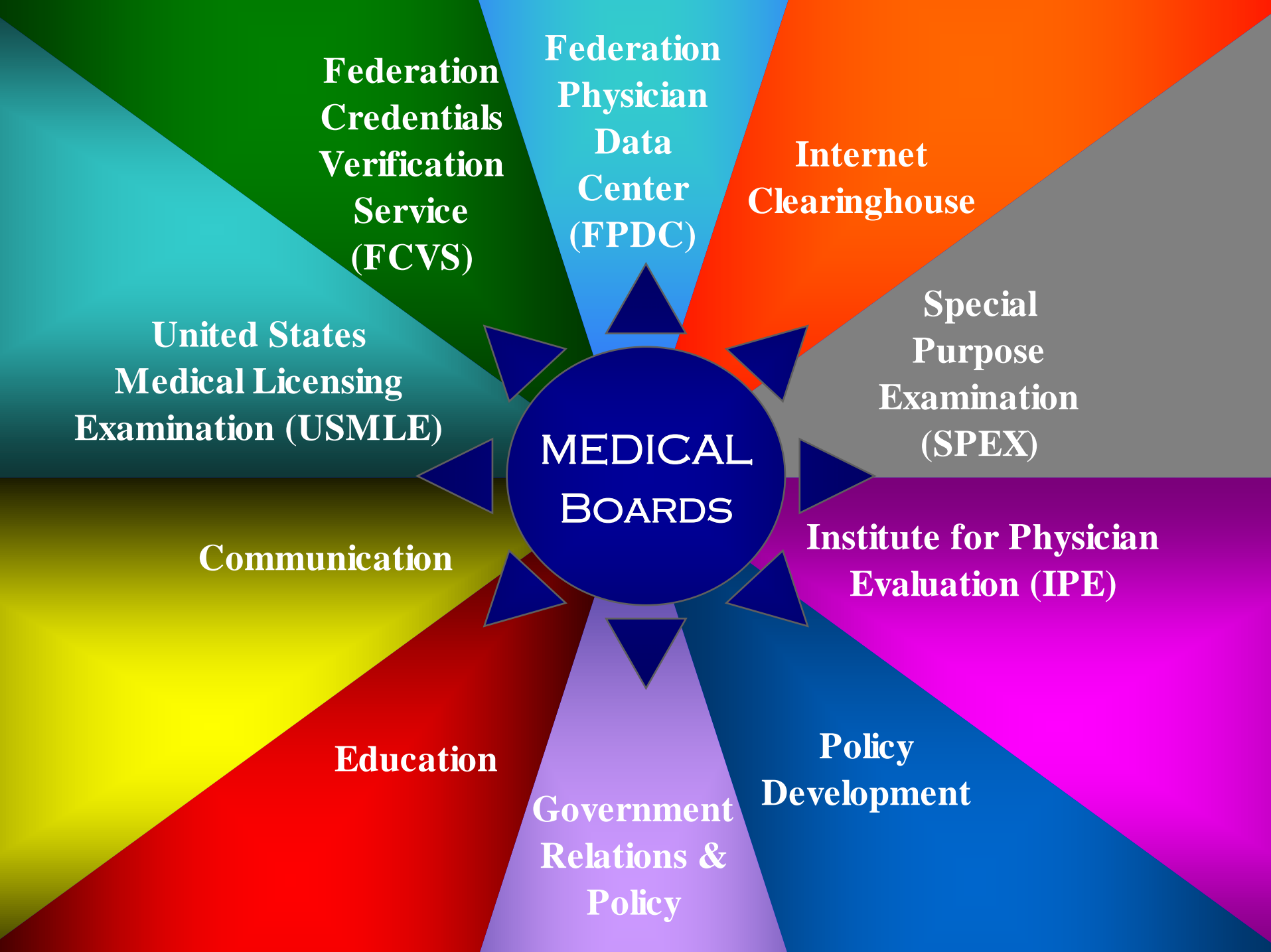
FSMB: Organization & Mission

Organization

- 70 member state medical boards
- Non-Profit Association since 1912
- Located in Dallas/Fort Worth
- www.fsmb.org

Mission

Improve the quality, safety and integrity of health care in the U.S. through the development and promotion of high standards for physician licensure and practice.



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- Four ways of thinking
 - As it was...
 - As it is...
 - As it might be...
 - As it ought to be...

Dee Hock

IMPROVING PORTABILITY

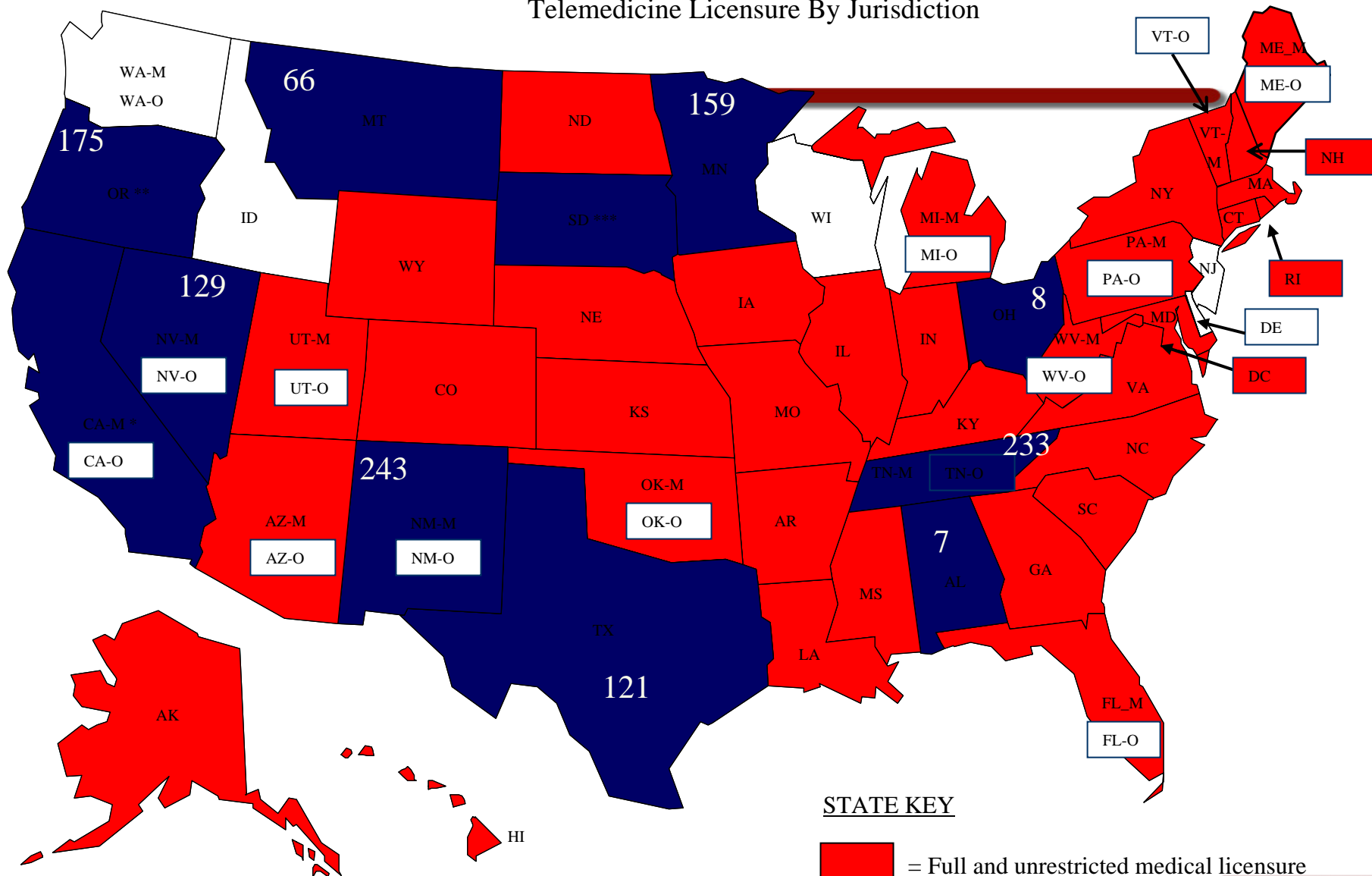
- *United States Medical Licensing Examination (1992)*
- *Report of the Special Committee on Licensure by Endorsement (1995)*
- Federation Credentials Verification Service – 1996
 - Required and/or Accepted in 65 jurisdictions
- *Model Act to Regulate the Practice of Medicine Across State Lines (1996)*
 - Adopted in 11 jurisdictions/implemented in 9
 - Legislation pending – NJ
 - 38 states require “full and unrestricted” license
- *Report of the Special Committee on License Portability (2002)*
– outlines expedited endorsement process for qualified physicians

Special Purpose License

- *Special Purpose License to Practice Medicine Across State Lines*
 - *Requirements:*
 - Full and unrestricted licensed in at least one U.S. jurisdiction
 - Free of disciplinary history in any jurisdiction
 - Exceptions:
 - Consultation
 - Informal – without compensation

FEDERATION OF STATE MEDICAL BOARDS

Telemedicine Licensure By Jurisdiction



STATE KEY

- = Full and unrestricted medical licensure
- = Telemedicine license
- = No requirement known

*Not currently implemented

**Requirements similar to full and unrestricted license

***Statute provides for an expedited process

Increase License Portability

- Objectives:
 - Facilitate telehealth practice across state lines
 - Reduce burden faced by applicants in seeking licensure in multiple states
 - Reduce administrative redundancies and encourage uniformity
 - Facilitate the mobilization of physicians to disaster-affected areas
 - Maintain the same level of public protection as the current regulatory system

Assumptions

- State-based structure has failed to keep pace with advancements in health care delivery
- State-based regulation of health care practitioners continues to best serve the interests of patients
- Expanded access to telehealth services can improve the quality and cost effectiveness of health care
- Interstate sharing licensee credentials and disciplinary information is central to portability
- Boards are dependent upon licensure fees to perform their regulatory function
- Additional/alternative funding will be necessary to implement innovations

License Portability Demonstration Project

- A 3-year demonstration project, funded by HRSA and FSMB
 - to develop and implement a centralized information data management system in two regions of the U.S.
 - to conduct, assess and report on legal and technical variations, barriers, and solutions to determine the feasibility of expanding the system nationwide
 - to evaluate the utility of special telemedicine licenses utilized by 9 states
- Participating state medical boards:
 - Colorado, Idaho, Iowa, Kansas, Minnesota, North Dakota, Oregon, Wyoming
 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

License Portability Projects

- Immediate Outcomes
 - Reduce burden faced by applicants in seeking licensure in multiple states
 - Reduce amount of time and paperwork required to issue a license
 - Enhance mobilization of physicians to disaster-affected areas
- Anticipated Outcomes
 - Harmonization of licensure requirements
 - Use of common tools
 - Expanded participation
 - Enhanced public protection
 - Enhanced mobilization of physicians to disaster-affected areas

Standards for Online Medical Practice

- Appropriate licensure
- Parity of ethical and professional standards regardless of mode of delivery
 - Legitimate physician-patient relationship
 - Patient evaluation prior to diagnosis/treatment (including prescribing)
 - Prescriptions based solely on an online questionnaire fails to meet an acceptable standard of care = violation of the medical practice act
 - Electronic communications
 - Authentication of patient's identity
 - Privacy/Security
 - Access
 - Response
 - Archival and retrieval
 - Documented in the medical record

Complementary Projects

- Online Common License Application
- Trusted Agent Platform (TAP)
 - Pilot project in collaboration with NBME Center for Innovation
 - Objective: Provide the infrastructure to support real-time data sharing across organizations
 - Electronic common license application
 - KY, NH and OH
 - Online completion of FCVS application
 - Data automatically populates license application
 - One-year evaluation will determine next steps

Challenges

- State medical boards: Structure, authority and lack of resources
 - Independence and authority w/in state government structure
 - Limited and increasingly scarce resources
 - Expected to “do more with less”
 - Discourages innovation
 - Impedes technical advancement
- Inconsistencies in laws, standards, procedures and processes
 - Complexities of gaining consensus
 - Regulating “rogue” Internet pharmacies w/out interfering with legitimate telehealth practice
 - Discourages technical interoperability
 - Complicates and discourages multi-state medical practice
 - Discourages interstate cooperation and information sharing

Possible Solutions

- Appropriate funding for state medical boards
 - All revenues generated from board activities (fees, reimbursed costs) allocated to the state medical board
- Incentives for “new approaches”
 - Common online license application/credentials verification
 - Resource sharing, i.e. licensing software
 - FSMB provide technical and policy support/assistance

Possible Solutions

- Conduct a comprehensive evaluation of state laws, standards and procedures relevant to licensing requirements, confidentiality, and electronic prescriptions and health records
 - Develop recommendations to the Alliance that support uniformity of requirements, standards and procedures.

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